

Tippecanoe County Prosecutor's Office  
Title IV-D Child Support Program

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**FINANCIAL STATEMENT FOR REVIEW OF CHILD SUPPORT ORDER**

**PLEASE PRINT OR TYPE**

**General Information:**

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Social Security# \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number(s): \_\_\_\_\_

Are you the Custodial Person: \_\_\_\_\_ or the Non-Custodial Parent: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Name(s) of Child(ren) by this parent: \_\_\_\_\_

**Other Children:**

List the names and dates of birth of any other biological or adopted children who live with you. Do NOT include step-children. Attach additional pages, if needed.

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____

Are you court-ordered to pay child support for any children other than the children of this case? If yes, please complete the following. Attach additional pages, if needed.

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
County/State of Order: \_\_\_\_\_ Cause No.: \_\_\_\_\_  
Support ordered (not including any arrearage payment): \_\_\_\_\_ per \_\_\_\_\_  
Week/month

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
County/State of Order: \_\_\_\_\_ Cause No.: \_\_\_\_\_  
Support ordered (not including any arrearage payment): \_\_\_\_\_ per \_\_\_\_\_  
Week/month

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
County/State of Order: \_\_\_\_\_ Cause No.: \_\_\_\_\_  
Support ordered (not including any arrearage payment): \_\_\_\_\_ per \_\_\_\_\_  
Week/month

**Income Information:**

Current Employer:

Business Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number(s): \_\_\_\_\_

Date employment began: \_\_\_\_\_

Avg. hrs worked per week: \_\_\_\_\_

Wage or salary: \$\_\_\_\_\_ per \_\_\_\_\_

Shift premium: \$\_\_\_\_\_ per \_\_\_\_\_

Overtime rate: \$\_\_\_\_\_ per \_\_\_\_\_

How many hours of overtime did you work in the past three (3) months? \_\_\_\_\_

Describe any additional terms of your compensation package with this employer:

\$\_\_\_\_\_ per piece (for piece rate) \_\_\_\_\_ Avg. pieces per week

\$\_\_\_\_\_ per sale (for commission) \_\_\_\_\_ Avg. sales per week

\$\_\_\_\_\_ per mile (for drivers) \_\_\_\_\_ Avg. miles per week

\$\_\_\_\_\_ Average annual bonus for the past three (3) years

Most Recent Past Employer:

Business Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number(s): \_\_\_\_\_

Date employment began: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Did you: \_\_\_\_\_ Quit? \_\_\_\_\_ Get fired? \_\_\_\_\_ Get laid off?

If you quit or were laid off, are you eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Avg. hrs worked per week: \_\_\_\_\_

Wage or salary: \$\_\_\_\_\_ per \_\_\_\_\_

Shift premium: \$\_\_\_\_\_ per \_\_\_\_\_

Overtime rate: \$\_\_\_\_\_ per \_\_\_\_\_

How many hours of overtime did you work in the past three (3) months? \_\_\_\_\_

Describe any additional terms of your compensation package with this employer:

\$\_\_\_\_\_ per piece (for piece rate) \_\_\_\_\_ Avg. pieces per week

\$\_\_\_\_\_ per sale (for commission) \_\_\_\_\_ Avg. sales per week

\$\_\_\_\_\_ per mile (for drivers) \_\_\_\_\_ Avg. miles per week

\$\_\_\_\_\_ Average annual bonus for the past three (3) years of employment

If you are currently self-employed, provide the following information:

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone number(s): \_\_\_\_\_

If this business is incorporated, list the names of all registered owners:

\_\_\_\_\_

\_\_\_\_\_

How long have you owned this business: \_\_\_\_\_

What type of product(s) and service(s) does your business provide: \_\_\_\_\_

\_\_\_\_\_

If your business has any employees, list their names and average hours worked per week: \_\_\_\_\_

\_\_\_\_\_

**If you pay yourself as an employee of the business, please also fill out the section for "Current Employer" on Page 2 above.**

**YOU MUST INCLUDE A COPY OF YOUR BUSINESS'S MOST RECENT PROFIT AND LOSS STATEMENT AND THE LAST THREE YEARS' FEDERAL TAX RETURNS WITH ALL SCHEDULES AND ATTACHMENTS.**

Other Sources of Income:

Social Security Disability (SSD)	\$ _____	per _____
Supplement Social Insurance (SSI)	\$ _____	per _____
Temporary Aid to Needy Families (TANF)	\$ _____	per _____
Veterans Benefits	\$ _____	per _____
Social Security Retirement	\$ _____	per _____
Other Retirement Income	\$ _____	per _____
Trust or Annuity Income	\$ _____	per _____
Other Investment Income	\$ _____	per _____
Scholarships and Grants	\$ _____	per _____
Unemployment Compensation	\$ _____	per _____
Worker's Compensation	\$ _____	per _____
Long-Term Disability Compensation	\$ _____	per _____
Rents payable to you	\$ _____	per _____
Other	\$ _____	per _____

**Health Insurance:**

Is health insurance available to you through your employer? Yes \_\_\_\_ No \_\_\_\_

Is health insurance available to you through your spouse's employer? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to either of the above questions, please provide the following information, REGARDLESS of whether or not you are currently enrolled in health insurance:

What is the cost to insure just yourself: \$\_\_\_\_\_ per \_\_\_\_\_

What is the cost to insure yourself and child(ren): \$\_\_\_\_\_ per \_\_\_\_\_

If you are currently enrolled in health insurance for yourself, please provide the following information:

Insurance provider's name: \_\_\_\_\_

Name of employer that the insurance is through: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of every person listed on your policy: \_\_\_\_\_

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**Work-Related Child Care Expenses:**

If you pay for child care one or more of the children of this case while you work or attend school, please provide the following information:

Name of child care provider: \_\_\_\_\_

Your cost during the school year: \$\_\_\_\_\_ per \_\_\_\_\_

Your cost during summers and school holidays \$\_\_\_\_\_ per \_\_\_\_\_

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**Parenting Time Overnights:**

Do you and the other parent generally follow the Indiana Parenting Time Guidelines?

Yes \_\_\_\_ No \_\_\_\_

If not, what is the average number of times per month that the children stay overnight with the non-custodial parent? Do NOT count visits that do not include an overnight.

\_\_\_\_\_

**Verification:**

I swear or affirm under penalties of perjury that the above and foregoing representations are true and correct to the best of my ability.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**IMPORTANT:**

- YOU MUST ATTACH A COPY OF YOUR MOST RECENT PAY STUB AND MOST RECENT FEDERAL TAX RETURN WITH ALL SCHEDULES AND ATTACHMENTS.
- IF YOU ARE SELF-EMPLOYED, YOU MUST ALSO ATTACH A COPY OF YOUR BUSINESS'S MOST RECENT PROFIT AND LOSS STATEMENT AND THE LAST THREE YEARS' FEDERAL TAX RETURNS WITH ALL SCHEDULES AND ATTACHMENTS.
- FAILURE BY THE REQUESTING PARTY TO PROVIDE COMPLETE AND ACCURATE INFORMATION WITHIN 30 DAYS WILL RESULT IN THE DENIAL OF YOUR REQUEST FOR A REVIEW OF YOUR CHILD SUPPORT ORDER.
- FAILURE BY THE NON-REQUESTING PARTY TO PROVIDE COMPLETE AND ACCURATE INFORMATION WITHIN 30 DAYS WILL RESULT IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT FOR A MODIFICATION HEARING.